SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  Agent  Addressee  B. Received by (Printed Name)  C. Date of Delivery
1. Article Addressed to:  Carla Woodall  Houston County Circuit  114 North Oates  Dothan, AL 36303	1.8, 6486  Dothan AC 36302  3. Service Type  Domitted Mail Depress Mail MPANY
	Registered Return Receipt for Merchandise
	4. Restricted Delivery? (Extra Fee) Yes
2. Article Number 7004 2760 0002 4407 2292 (Transfer from service label)	
PS Form 3811, February 2004 Domestic Ret	urn Receipt 102595-02-M-1540 :